PROPOSAL FOR A HEALTHY STUDENTS PARTNERSHIP PROGRAM

EXECUTIVE SUMMARY

February 25, 1999

Background, Need and Objectives

Los Angeles County ("COUNTY"), in concert with Los Angeles Unified School District ("LAUSD" or "District"), proposes an amendment to the COUNTY's existing Medicaid Demonstration Project for Los Angeles County ("Medicaid Demonstration Project" or "Project") to incorporate a new Healthy Students Partnership ("HSP") program.

The Medicaid Demonstration Project's principal objective is to transform the COUNTY's health delivery system to better and more economically serve Medicaid recipients and Los Angeles County indigents. ("County" refers to the geographic area whereas "COUNTY" refers to the governing municipality as defined above.) To do this, the system is reducing expensive inpatient capacity while substantially increasing ambulatory care. The ambulatory care network being built is community-centered, based on public/private partnerships, and is prevention oriented and accessible.

The HSP program proposes to add public schools to this developing network as a means to better address the documented needs of children and youth for ambulatory care. COUNTY survey data convincingly show that when people perceive they require medical care, poor and near-poor uninsured people are almost twice as likely as those with coverage to go without care. Among the most significant barriers reported are lack of a regular medical care provider; knowledge about coverage options; transportation; and ability to pay. Cultural attitudes and beliefs about health care also play a role.

These obstacles are particularly significant for uninsured children,¹ estimated to number 696,000 in Los Angeles County. Of these, approximately 560,000 are estimated to be from poor or near-poor families; and a substantial majority of these are in families with children in public schools. Making ambulatory care services readily available to these children at school, even if their families are unable to pay, serves to overcome the barriers between them and needed medical care. That is the primary objective of the HSP program.

A second objective is for schools to be an avenue through which uninsured families can learn about health coverage options and receive help with enrollment. LAUSD and other school districts have found that many uninsured students qualify for programs such as Medi-Cal or Healthy Families, but haven't enrolled for a variety of reasons, including lack of information, application complexity or cultural morés. Through schools, the Healthy Students Partnership program will seek to overcome these obstacles and thereby facilitate health plan enrollment of a substantial number of uninsured students. As a result, among other things, HSP would offer a transition path for students into Medi-Cal managed care and the Healthy Families programs.

In Los Angeles County's 1997 Health Survey sample, parents of children in poor and near-poor uninsured families reported that their children went without needed care 18% of the time.

The County's schools already determine which students are poor or near-poor. Students whose family's incomes are 185% of Federal Poverty Levels ("FPL") or less qualify for the free-or-reduced-cost school lunch program. Nearly three-quarters of LAUSD's students—over 520,000—are in this program. The County's 79¹ other school districts account for almost 449,000—nearly one million students altogether. The majority of these students have no health coverage. LAUSD survey data show that Medi-Cal enrollment in this population, depending upon area surveyed ranges from only 25% to 42%.

Since good physical and mental health is a prerequisite to learning, a number of school systems have been concerned about and active in addressing access to care. As a result, a good foundation for health programs exists already in many public schools. Health screening and education is State-mandated and therefore in place in all 80 of the County's school districts, each of which has a cadre of school nurses. At least 35 of these districts have expanded their capability to attend to students' health and well-being through initiatives such as the Healthy Start program (which provides an excellent base for ambulatory care service expansion), Early Mental Health Initiative ("EMHI"), Child Health and Disability Prevention Program ("CHDP")³ and school-based clinics.

LAUSD, which has 43% of the County's total kindergarten through 12th grade enrollment, but an estimated 54% of the total poor and near-poor students, is the leader in this area with more than ten years of experience and financial support for a growing number of school-based clinics. There are 120 Healthy Start program sites, representing 65% of the County total, in the LAUSD system. Thirteen LAUSD sites currently serve more than 74,000 students in partnership with the COUNTY and private providers. These sites provide more than 36,000 health and mental health visits annually.

But the need has been more than schools can manage alone. The HSP program will seek to meet students' health care needs by expanding school-based ambulatory care services through the Medicaid Demonstration Project.

In that spirit, the concept of the Healthy Students Partnership program was approved unanimously by the Los Angeles County Board of Supervisors on October 20, 1998, and also unanimously by the Los Angeles Unified School District's Board of Education on October 27, 1998.

Proposed Approach

LAUSD will pioneer implementation of the Healthy Students Partnership program. The rest of the County's 79 districts, which are diverse in size, poverty levels and involvement with expanded health programs, will be invited to participate and will be provided with technical development assistance in accordance with their individual needs, with coordination through the COUNTY's umbrella agency, the Los Angeles County Office of Education.

Legally, there are 81 elementary and secondary school districts in Los Angeles County. However, two operate as a single functional entity under one school board and administrative structure. For purposes of this proposal, the County therefore has 80 school district organizations which may participate—LAUSD and 79 others.

³ California's expanded implementation of the Federally-sponsored Early and Periodic Screening, Diagnosis and Treatment ("EPSDT") program.

The COUNTY and participating school districts will enter into the HSP program through a memorandum of understanding, which spells out the collaborative relationship and provides for joint governance. Mechanism for community input will be a regular feature of the program's governance.

Participating districts will expand school-based and school-linked ambulatory care services using a flexible model of care developed from real experience. Participating sites will be able to select from a formulary of ten proven ambulatory care delivery and support components to develop a platform of service which fits the circumstances and needs of the locality. The components may be staffed by the school district, the COUNTY, public/private partnership providers or a combination of these.

At-School Service Components: Primary Care and Medical Home

- A. School Complex Core Clinic
- B. Nurse-Practitioner Clinic
- C. School-Based Primary Care Clinic
- D. Mobile Primary Care Clinic
- E. School-Linked Primary Care Provider

At-School Service Components: Specialty Care

- F. School Complex Specialty Service Clinic G. Mobile Specialty Service Clinic

Support Service Components

- H. Case-Finding/Management through Reinforced School Nursing
- Health Care Plan Outreach, Counseling and Case Tracking
- Integrated Referral System Linkage

Primary and selected specialty care services will be targeted to students from poor and near-poor families. Their eligibility for the free/reduced-cost lunch program will also establish their eligibility for HSP program services. Other needed services will be provided through linkage to the COUNTY's integrated public/private partnerships provider network.

The HSP program will require initial planning within each school district for the comprehensive and systematic expansion envisioned by HSP. But some school districts already have individual projects on the drawing boards. Those ready for implementation and consistent with HSP may be fasttracked.

Primary target areas will be those in which students enrolled in the free/reduced-cost lunch program constitute 75% or more of total enrollment. Seventeen of LAUSD's 22 administrative clusters and 15 of the other school districts would be targeted. Secondary targets include an additional seven clusters and 20 other school districts with lunch program eligibility between 50% to 75% of the student population.

The proposal is to finance the HSP program through Federal Medicaid matching funds for current health care expenditures of LAUSD (estimated not to exceed \$105.6 million in total expenditures for 1998/99) and other participating school districts (estimated not to exceed \$64.6 million in total expenditures). Federal financial participation for HSP in FY 1999/2000 would not exceed \$85.2 million.

Evaluation will include measures of health care system performance (e.g., access, quality,

continuity, cost and eligibility assistance outcomes) and educational program impact

(including attendance, immunization rates and compliance with school entry medical physical examination requirements).

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